

**Montana Medicaid - Fee Schedule  
Dental Hygienist  
January 2007**

**Definitions:**

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)

**Description** – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**Anes Value:** Number of anesthesia base value units

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

**Global** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

**Space:** Global concept does not apply to this code

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the usual global period does not apply

**PA** – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

*CDT-5/2005 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS Apply*

**Montana Medicaid - Fee Schedule  
Dental Hygienist  
January 2007**

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age
D0210		INTRAOR COMPLETE FILM SERIES	7/1/2005	FEE SCHED	\$43.54		018	999
D0210	EP	INTRAOR COMPLETE FILM SERIES	7/1/2005	FEE SCHED	\$56.60		000	017
D0220		INTRAORAL PERIAPICAL FIRST F	7/1/2005	FEE SCHED	\$10.89		018	999
D0220	EP	INTRAORAL PERIAPICAL FIRST F	7/1/2005	FEE SCHED	\$14.15		000	017
D0230		INTRAORAL PERIAPICAL EA ADD	7/1/2005	FEE SCHED	\$5.44		018	999
D0230	EP	INTRAORAL PERIAPICAL EA ADD	7/1/2005	FEE SCHED	\$7.08		000	017
D0240		INTRAORAL OCCLUSAL FILM	7/1/2005	FEE SCHED	\$13.06		018	999
D0240	EP	INTRAORAL OCCLUSAL FILM	7/1/2005	FEE SCHED	\$16.98		000	017
D0270		DENTAL BITEWING SINGLE FILM	7/1/2005	FEE SCHED	\$10.89		018	999
D0270	EP	DENTAL BITEWING SINGLE FILM	7/1/2005	FEE SCHED	\$14.15		000	017
D0272		DENTAL BITEWINGS TWO FILMS	7/1/2005	FEE SCHED	\$13.06		018	999
D0272	EP	DENTAL BITEWINGS TWO FILMS	7/1/2005	FEE SCHED	\$16.98		000	017
D0273		BITEWINGS - THREE FILMS	1/1/2007	FEE SCHED	\$17.42		018	999
D0273	EP	BITEWINGS - THREE FILMS	1/1/2007	FEE SCHED	\$22.64		000	017
D0274		DENTAL BITEWINGS FOUR FILMS	7/1/2005	FEE SCHED	\$21.77		018	999
D0274	EP	DENTAL BITEWINGS FOUR FILMS	7/1/2005	FEE SCHED	\$28.30		000	017
D0275		BITEWINGS-EACH ADDITIONAL FILM	1/1/2007	FEE SCHED	\$5.44		018	999
D0275	EP	BITEWINGS-EACH ADDITIONAL FILM	1/1/2007	FEE SCHED	\$7.08		000	017
D0330		DENTAL PANORAMIC FILM	7/1/2005	FEE SCHED	\$34.83		018	999
D0330	EP	DENTAL PANORAMIC FILM	7/1/2005	FEE SCHED	\$45.28		000	017
D1110		DENTAL PROPHYLAXIS ADULT	7/1/2005	FEE SCHED	\$32.66		018	999
D1110	EP	DENTAL PROPHYLAXIS ADULT	7/1/2005	FEE SCHED	\$42.45		000	017
D1120		DENTAL PROPHYLAXIS CHILD	7/1/2005	FEE SCHED	\$21.77		018	999
D1120	EP	DENTAL PROPHYLAXIS CHILD	7/1/2005	FEE SCHED	\$28.30		000	017
D1203		TOPICAL FLUOR W/O PROPHY CHI	7/1/2005	FEE SCHED	\$10.89		018	999
D1203	EP	TOPICAL FLUOR W/O PROPHY CHI	7/1/2005	FEE SCHED	\$14.15		000	017
D1204		TOPICAL FLUOR W/O PROPHY ADU	1/1/2007	FEE SCHED	\$10.89		018	999
D1204	EP	TOPICAL FLUOR W/O PROPHY ADU	1/1/2007	FEE SCHED	\$14.15		000	017
D1206		TOPICAL FLUORIDE VARNISH	1/1/2007	FEE SCHED	\$56.60		018	020
D1206	EP	TOPICAL FLUORIDE VARNISH	1/1/2007	FEE SCHED	\$73.58		000	017
D1351		DENTAL SEALANT PER TOOTH	7/1/2005	FEE SCHED	\$17.42		018	020
D1351	EP	DENTAL SEALANT PER TOOTH	7/1/2005	FEE SCHED	\$22.64		000	017
D4341		PERIODONTAL SCALING & ROOT	7/1/2005	FEE SCHED	\$108.85		018	999
D4341	EP	PERIODONTAL SCALING & ROOT	7/1/2005	FEE SCHED	\$141.50		000	017
D4342		PERIODONTAL SCALING 1-3TEETH	7/1/2005	FEE SCHED	\$58.78		018	999
D4342	EP	PERIODONTAL SCALING 1-3TEETH	7/1/2005	FEE SCHED	\$76.41		000	017